

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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IOM recommendations for benefits package: Affordability first

Affordability, not comprehensiveness, should guide the Department of Health and Human Services (HHS) as it determines what should be in the essential benefits package — the minimum level covered by health insurance exchanges — according to the Institute of Medicine (IOM). Exactly where this leaves substance abuse and mental health services depends on HHS, which now has the task of specifically listing what will be covered.

The IOM report, released Oct. 7, lays out the groundwork for a bare-bones benefit package, recommending that the minimum benefit be based on the typical plan used by small employers. The Affordable Care Act (ACA) specifies that substance abuse and mental health be covered by all plans, regardless of whether the employer is large or small, or whether the plan is pur-

Bottom Line...

As HHS begins selecting benefits to include in the Essential Health Benefits package, the behavioral health community is urged to continue advocating to ensure MH/SUD benefits are included.

chased by an individual.

The IOM report, as was expected, does not list what benefits should be included. HHS had only asked the IOM to provide guidance. The IOM committee said that the medical effectiveness, safety, and relative value should be considered, as well as the needs of the most vulnerable individuals.

Instead of starting with the list of benefits that should be covered, the process should start with what the premium would be for small em-

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Innovative fitness model for SMI receives backing for wider use

An innovative fitness program that was launched eight years ago because too many clients of a New Hampshire community mental health agency were dying prematurely now has some financial backing for a wider dissemination across the state. The InSHAPE program, which also has been replicated in a few pockets outside of New Hampshire, already is either in place or about to be implemented at a total of six community mental health centers in the state.

InSHAPE is the brainchild of former Monadnock Family Services CEO Ken Jue, who stayed on in a

Bottom Line...

InSHAPE's success has been attributed partly to integrating clients into the community through partnerships with local fitness organizations.

consulting capacity after his January 2010 resignation from the agency's top administrative position in order to continue promoting the wellness initiative. The pioneering program at Keene-based Monadnock Family Services pairs community mental health clients with personal trainers, offering clients a number of fitness

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ployer plans in 2014, and then make sure that the benefits don't exceed that amount, the IOM committee said. HHS should also involve consumers and others in determining the package, which will have to be updated as health care practice changes, the report said.

Coalition for Whole Health

The Coalition for Whole Health, led jointly by Ron Manderscheid, Ph.D., executive director of the National Association of County Behavioral Health and Developmental Disability Directors and Paul N. Samuels, president and director of the Legal Action Center, is representing the mental health and substance abuse field in making the case for a robust benefit. This summer, the coalition presented a comprehensive and specific list of what should be included in the minimum benefit. The IOM report, while not listing specific components of a package, recommends what would inevitably be a much less comprehensive benefit.

The benefit package design is completely up to HHS, and the IOM recommendations are not binding. But the coalition is concerned about two of the main IOM recommendations: that the benefit be based on small group plans, and that afford-

ability is more important than breadth of coverage.

"If you get too comprehensive then a plan becomes unaffordable and people won't buy it," said John Ball, M.D., chairman of the IOM committee that developed the recommendations. The purpose of the ACA is to get more people covered, so the committee focused on how to do that. "We focused on small employers because almost 98 percent of employers are small employers," he added, noting that only small employers and individuals will be able to go into the exchanges for the first two years.

There's relatively little difference between large and small employers in terms of covered benefits, with the exception of substance abuse and mental health services — and particularly with substance abuse, admitted Ball. But he said that the 10 categories stipulated in the ACA — which include mental health and substance abuse services — must be included in the benefits. "We didn't say to leave out substance abuse and mental health," Ball said. "We said to start with what small employers will have, and add to it."

Reworking field recommendations

"We knew the day would come when we would have to rework

that," Manderscheid said, referring to the strong benefit package submitted by the Coalition on Whole Health. The next step involves how, and the coalition will be going to HHS with its recommendations. "Now that we have the IOM report we have a better understanding of the framework that HHS has been given," he said, noting that one important feature is the tradeoff between affordability and comprehensiveness.

"Now we're going back to our document and looking at what we need to address," said Manderscheid. For example, the IOM didn't address the issue of balance. "For mental health and substance abuse, part of achieving balance is parity," he said. "These two fields, particularly substance abuse, start off in a disparate situation to being with."

Milliman, the consulting group that has worked on substance abuse and mental health issues for the coalition in the past, is already working on a report for the coalition showing what mental health and substance abuse benefits are covered by small employers.

But there is also a good chance that HHS will seize on the opportunity to stress affordability. There is an ongoing debate within the Obama administration about how the ACA will play in the reelection

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campaign, especially with the insurance industry and employers pushing to keep the essential benefit from being too rich.

The Substance Abuse and Mental Health Services Administration is “part of the HHS team reviewing the report,” spokesman Mark Weber said.

Evidence-based practices

Of the 32 million people who will become newly enrolled in insurance through Medicaid expansion or the exchanges, most will be 100-400 percent of the poverty level and covered by the exchanges, and receive a subsidy, said Manderscheid. Many will be single men, not currently covered by Medicaid in many states. “Who are these people and what are they going to need? People in the lowest level will need at least care coordination.”

Manderscheid said it’s promising that the IOM report recommends evidence-based practices. “For schizophrenia, we think that minimally there should be drug therapy and cognitive therapy, and that you also need care coordination,” said Manderscheid. Those are evidence-based practices, and when the coalition presents its case to HHS, “we can build on that,” he said.

“We are not going to get everything we asked for, and neither is anybody else,” said Manderscheid. As the coalition reconciles what it wants with where HHS is heading, the treatment field will have to come up with new models of providing services, he said. “This isn’t just

‘What makes us optimistic is that the ACA is very clear about including substance use disorders and mental health services in the package, and following the parity requirements.’

Paul N. Samuels

about the benefits you have.”

Medicaid and the ACA

Substance abuse and mental health face the same issues under the ACA, said Manderscheid. One difference is that mental health has a much heavier investment in Medicaid — but that will be changed under the ACA. And people newly covered by Medicaid will need the substance abuse benefit.

Both the ACA statute and the IOM report state that there has to be coverage for substance abuse and mental health in the package, said Samuels of the Legal Action Center “There are a number of statements in the IOM report that we welcome,” he said. The IOM appendix looked at three companies’ small group plans and found that many services for substance abuse and mental health are included.

The IOM committee found that there has been a disproportionate percentage of these services cov-

ered by the public sector, and because of this, HHS should look not only at small businesses as a guide, but Medicaid, said Samuels, noting that some states have good Medicaid coverage for substance abuse as well as mental health.

Parity

“We would have liked the IOM to have mentioned the parity law,” said Samuels. If substance abuse and mental health benefits are in the essential benefits package, they must be delivered at parity with other services, he said. “That points to the conclusion that there has to be strong coverage” for mental health and substance abuse.

“What makes us optimistic is that the ACA is very clear about including substance use disorders and mental health services in the package, and following the parity requirements,” said Samuels. “We think that’s a very strong legal basis” for including a strong benefit. •

For the report, go to www.nap.edu/catalog.php?record_id=13234.

Mass. report finds integrated care crucial to federal HC reform

Integrating behavioral health care with general health care, providing vocational supports and increasing the provision of evidence-based practices (EBPs) are just a few of the essential components needed to implement and maximize the gains of federal health reform, according to a new report based on a summit meeting of behavioral health

Bottom Line...

Education, vocational, housing and peer supports, important components to recovery, should be considered in efforts to improve integration.

stakeholders in Massachusetts, considered the bellwether state for health reform.

The report, “Health Reform and Behavioral Health Services in Massachusetts: Prospects for Enhancing Integration of Care,” released last week, highlights key issues and themes identified during the stakeholder summit on June 24. Stakeholders discussed the implications of health reform for integrating be-

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havioral health care, and identified key issues that must be attended to as implementation of health reform proceeds (see box, this page).

The report was released by Consumer Quality Initiatives, a Roxbury, Mass.-based mental health consumer operated research organization; the Heller School for Social Policy and Management at Brandeis University; and the Reservoir Consulting Group, a consumer-run organization.

“Our state came up with the model that the country is following to develop the methodology to make insurance available to everyone,” Jon Delman, formerly with Consumer Quality Initiatives, and currently principal of the Reservoir Consulting Group, told *MHW*. The state’s health reform law was enacted in 2006. “That’s an accomplishment, but mental health is very complex and the state spent a lot of energy in developing a system that the federal government is replicating in many ways,” said Delman, who authored the report.

The expansion of health insurance coverage does not automatically translate into improved health services access for people with serious mental illnesses, and could result in a reduction in the provision of important psychosocial services (e.g., vocational supports), said Delman.

“People with serious mental illness and addictions often do not utilize health services due to their high rates of poverty, homelessness, trauma, immigrant status, and transportation barriers,” said Delman. “Integrated health teams will need to provide services within their groups’ respective communities in order to provide them with good care.”

Additionally, the primary care workforce will need to be educated on delivering quality behavioral health services, in a team-based fashion that encourages client participation, he said.

Delman used part of a grant he received from the Robert Wood Johnson Foundation (RWJF) to co-

Mass. summit report identifies 12 major themes

As implementation of health reform proceeds, a recent summit meeting of key behavioral health stakeholders (see story, beginning on page 3) identified a number of important themes:

1. Coverage expansion does not automatically translate into optimal access or quality of care.
2. Integrating behavioral health and general health care at the state level is essential.
3. New models for integrating care hold promise for improving behavioral health care.
4. Health reform implementation must be accompanied by increasing the use of evidence-based practices.
5. Health care integration benefits greatly from the use of health information technology.
6. Integrated care brings changes to financing and payment mechanisms.
7. Effective care coordination is a critical aspect of behavioral health integration.
8. Workforce development is vital to the delivery of quality behavioral services in integrated, team-based models of care.
9. Outreach to hard-to-reach populations is critical.
10. Peer specialists are vital contributors to integrated care teams.
11. Person-centered planning is essential to recovery.
12. Health reform implementation must take account of housing needs of people with behavioral health conditions.

sponsor the summit. The summit reveals stakeholders’ desire to become involved in discussions on how the new health care system is being developed and designed, he said. “Building our community together and building consensus was very important,” said Delman, who intends to distribute the report to the Department of Public Health officials and others.

Integrated care at the ‘ground level’

“While integrated care at the state level is essential, if it is to be achieved, it has to be [accomplished] at the ground level, meaning the provider level,” said Vicker V. DiGravio III, president and CEO of the Association for Behavioral Healthcare (ABH), a statewide association representing more than 80 community-based mental health and addiction treatment provider organizations.

“The state’s role is essential to making sure barriers to infrastructure, billing, regulatory and licens-

ing issues are eliminated,” DiGravio told *MHW*. “Providers are already starting to move integration forward out of necessity,” said DiGravio, who attended the summit. “For example, they’re already embedding nurse practitioners in outpatient mental health clinics or locating primary care clinics in community mental health centers.”

DiGravio added, “If we think about integration as only integrating behavioral health into a primary care setting, we’re missing a huge opportunity to really achieve integration. As providers we have to do a better job.”

DiGravio said he is “cautiously optimistic” about the state’s efforts to implement an integrated model of health care delivery under federal reform. State officials understand the importance of integration; however, “it’s a big step from understanding the need for it and actually making it happen,” he said.

The role of peers in the health care industry and in the behavioral

health world is going to be crucial moving forward with integration, said DiGravio. "Our members understand the really vital role that peers play in working with individuals struggling with mental illness," he said.

The state has demonstrated a strong leadership in peer support, said DiGravio, citing such programs as the National Empowerment Center and the Transformation Center. However, the state's Medicaid program does not currently pay for certified peer specialists like Georgia and Oklahoma, he said. "This is an area where we're lagging behind other parts of the country.

As the state readies for health reform, the Commonwealth is starting from a better place, said DiGravio. The latest statistics reveal

that 97 percent of the population is insured, he said. "We're well positioned, but we still have a long way to go in terms of how health care reform [ACA] will impact individuals with behavioral health disorders."

State forum

The summit report is also intended to shape the agenda for the Oct. 26 forum, "Beyond Parity: Mental Health and Addiction Care Under Delivery System and Payment Reform," to be sponsored by the Massachusetts Department of Mental Health, and Blue Cross Blue Shield of Massachusetts Foundation, and the Massachusetts Health Policy Forum.

"The summit report was a first step and the springboard for the forum we have scheduled in October

in which we will discuss how we can ensure that individuals with behavioral health needs are addressed as we move forward with health care reform," DMH Commissioner Barbara A. Leadholm, a panelist at the summit, told *MHW*.

A number of questions remain about how to effectively transform systems of care in the state to best meet the prevention, treatment and recovery needs of the population, Leadholm said. "We know that reforms hold the promise of improving the quality of care and the well-being of individuals with mental health and addiction treatment needs in Massachusetts," she said. •

For a copy of the report, visit <http://bit.ly/pOQr21>.

Utah MH, PC team approach improves quality, reduces cost

Citing concerns that primary care medical resources were not being used effectively to treat patients with depression and other mental health disorders, a Utah-based health care organization embarked on a more than decade-long initiative to train primary care physicians (PCPs) to incorporate mental health issues into their diagnoses.

The Mental Health Integration (MHI) program is an evidence-based team care model developed by Intermountain Healthcare. Intermountain's team-based approach to mental health has achieved demonstrable improvements in quality of care and lower costs, including more timely referrals and a reduction in emergency room visits, said program officials.

Intermountain Healthcare is a nonprofit integrated healthcare delivery system with 23 hospitals in Utah and Idaho. The healthcare system has more than 3,300 affiliated physicians and 130 primary care clinics.

The MHI team approach, which offers mental health treatment as part of a routine primary care practice, includes the PCPs and their

staff, and they, in turn, are integrated with mental health professionals, community resources, care management, peers along with the patient and his or her family.

According to program officials, this MHI approach has helped patients and their physicians efficiently manage mental health conditions as

'We provide outreach to the community and help families stay well.'

Brenda Reiss-Brennan

well as better manage a patient's chronic diseases, such as asthma, diabetes, and hypertension, which are significantly affected when mental health conditions are not addressed.

The MHI program addresses a major gap in the quality of care for primary care patients with mental health conditions, said Brenda Re-

iss-Brennan, M.S., APRN, psychiatric nurse practitioner and director at Intermountain. "Our goal is to reduce the hurdle primary care physicians' face and help them identify and manage mental illness as a regular part of [patient] care," Reiss-Brennan told *MHW*. "We've been doing this since 1998."

Reiss-Brennan added, "We provide outreach to the community and help families stay well." The National Alliance on Mental Illness (NAMI)-Utah is very active and supportive, she said. The local chapter provides peer mentoring and group-based support, she noted.

Program components

Patients are treated in the primary care clinics where they initially receive both physical and mental health assessments via a questionnaire. "We're in a fee-for-service market and we treat all patients," said Reiss-Brennan.

Primary care providers and office staff collaborate with care managers and mental health specialists to implement individualized strate-

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gies for patients and their families. During treatment, mental health specialists consult with the PCP and support the treatment of patients and families.

This collaboration improves clinical decisions, helps patients and families receive needed primary services within primary care and reduces the burden on PCPs, noted Reiss-Brennan. “Families have established relationships with PCPs and consider them a valuable asset to help them stay well,” she said.

The program addresses all levels of complexity: A patient with a mild level requires routine care with care management or peer advocacy. Moderate level patients require care management with additional mental health support from a mental health specialist or peer advocates within the team. Severe levels require direct consultation with a mental

health specialist and support from all team members.

Outcomes

For all levels of complexity (mild, moderate, and severe) and overall, patients with depression treated in a MHI clinic cost less in the year following their diagnosis than those treated in usual care clinics, according to program officials. The rate of growth of expenses was \$405 less than for patients in the traditional care group — a 10 percent reduction, they said.

In addition, the number of emergency visits for depressed patients decreased by more than half. Depressed patients treated in MHI clinics are 54 percent less likely to have emergency room visits than depressed patients treated in non-MHI clinics.

An evaluation of the program appeared in the 2010 edition of the *Journal of Healthcare Management*. The study found that patients treated in an MHI clinic have lower rate of growth in charges for all services (with the exception of outpatient

psychiatric charges and prescriptions for anti-depressant medications), indicating more timely treatment and referral.

Patients with one diagnosis, in addition to depression, had only an 8 percent increase in average charges in a 12-month period following initial diagnosis, while similar patients treated in traditional care clinics had a 90 percent increase, according to the study.

“Our PC doctors are doing a good job; they feel competent about the mental health treatment [they provide] up to level of the ability they have,” said Reiss-Brennan. Mental health specialists are always available on site, she added. The branding message at Intermountain Healthcare is “healing for life,” Reiss-Brennan said.

The MHI integrated model is being replicated by health systems in other states, including Mississippi, New Hampshire, Maine and Oregon, said Reiss-Brennan. The organization is also in talks with other larger health systems, including Kaiser Permanente, she said. •

For more MH information, visit
www.wiley.com

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options via partnerships with several entities in the community.

Jue told *MHW* that from the start he vowed to work with many community partners, rejecting the idea that Monadnock would create its own isolated fitness center specifically for clients with serious mental illness.

“This population already feels discrimination; it gets excluded and isolated,” Jue said. “We were not about to create a segregated fitness center. We want to have people integrated and to feel welcome.”

The success of Monadnock’s approach has convinced the federal Centers for Medicare & Medicaid Services (CMS) to put nearly \$10 million over the next five years into an effort to extend the model across New Hampshire. Jue said the funding will support mental health cen-

ters that already have begun implementing InSHAPE as well as encourage others to adopt the approach for their clients.

Breaking new ground

Jue traces the origins of InSHAPE to observations he made beginning in 2002 when he attended yet another funeral of a Monadnock Family Services client who died at a younger-than-expected age. Usually the coroner’s report about these deaths would state that the person died of natural causes.

This was around the time that research would start to document that individuals with serious mental illness were dying 20 to 25 years earlier than the general population. Jue believed this discovery would mean that mental health organizations would have to take a broader view of their mission.

“I felt there was a moral imperative to attack this issue,” said Jue. Yet in the research the organization began doing, it could locate no comprehensive fitness initiatives targeted to the seriously mentally ill. “I resigned myself to the idea of creating one ourselves,” Jue said.

Organizers maintained a broad perspective about the program they would establish, making sure that it would go beyond the notion of simply getting clients to exercise more. Nutrition education and support also would be emphasized. “You can start exercising on a treadmill, but if you’re still eating two bags of potato chips and three liters of soda a day, a walk on a treadmill for 30 minutes isn’t going to do a lot for you,” Jue said.

Monadnock Family Services cemented relationships with a number of community partners in order

to offer to consumers a comprehensive program emphasizing choice. A Dartmouth-Hitchcock medical clinic agreed to offer primary care services to participants at no additional charge, considering the SMI group to be part of its service mission, Jue said. A motel in Keene opened its swimming pool to Monadnock clients.

The initiative also has been able to offer discounted memberships to a number of health and fitness clubs in the community. One facility that eagerly joined the effort was Performance Health and Fitness in Peterborough, where at any one time about 15 to 25 Monadnock clients are regularly attending workout sessions guided by their personal trainers.

"I was told flat out at the time they approached me that they were struggling with other places," in terms of some facilities' reluctance to take in the Monadnock population, Performance Health and Fitness's Hunter Burgess told *MHW*. "I said, 'Let's give it a shot,'" figuring that the worst that could happen would be a simple determination that the arrangement wasn't panning out.

Performance Health and Fitness has never looked back, seeing the effort as a way to give an extra boost to a population in critical need. The Monadnock clients have integrated seamlessly into the fitness community. "We don't know anything other than they're a regular customer," Burgess said.

Jue said the personal trainer aspect, which accounts for the bulk of InSHAPE's program costs, is warmly welcomed by clients: "About 95 percent want one," he said.

The trainers, who Jue said are full- or part-time employees of Monadnock and are known as "health mentors" in the program, receive guidance in how to assist clients in being able to focus on their fitness goals even if they are experiencing disturbing symptoms.

Jue said state officials have supported Monadnock's use of Medicaid billing to pay for some of these

services because they are seen as falling under symptom management. Monadnock also has received funding support for InSHAPE from numerous foundations, including the Robert Wood Johnson Foundation.

While having a fitness regimen certainly does not mean that a client will no longer struggle with symptoms, it still can have a significant impact on overall well-being. Jue cites the example of a client in his late 30s with schizophrenia who heard voices constantly. Since joining InSHAPE, the client was able to change his diet, find work, and be-

managed care system who intend to make a fitness program available to clients as well. He is also working to establish a program for children in the Monadnock Family Services system.

Jue considers the social aspect of working out in the community to be nearly as important for clients as the health benefits. "Social isolation ultimately kills," he said. "It closes your life in on you. It promotes unhealthy behaviors."

Jue said that the new funding support to extend the InSHAPE model also will allow for a formal

'Social isolation ultimately kills. It closes your life in on you. It promotes unhealthy behaviors.'

Ken Jue

come a regular climber of Mount Monadnock. Asked later about his symptoms, the client said, "I still hear voices, but they don't lead my life anymore," Jue recalled.

Impact grows

Besides the other community mental health organizations in New Hampshire that have adopted the InSHAPE model, Jue said a couple of agencies in Michigan and one in Rhode Island have implemented versions of the program.

This month Jue visited western Pennsylvania to meet with officials with Allegheny County's public

evaluation of InSHAPE's impact. A study will compare InSHAPE and its trainer-based approach to other fitness options that individuals with serious mental illness could access independently in the community, such as joining a fitness center or a weight control support group on their own.

He believes that offering fitness options to clients is so critical to their wellness that community mental health organizations cannot use budget constraints as an excuse not to initiate these efforts. "You might instead give up something else to do this," Jue said. •

BRIEFLY NOTED

FDA approves 60 mg dosage strength of Fluoxetine

Edgemont Pharmaceuticals, LLC announced last week that the U.S. Food and Drug Administration (FDA) has approved its application for Fluoxetine Tablets 60 mg, the only fluoxetine product to offer a 60 mg dose in a single pill. The tablets also

have a functional score to allow for a convenient half-tablet 30 mg dosing option. Until now, patients requiring a 30 mg or 60 mg dose of fluoxetine have needed to take three 10 mg pills or three 20 mg pills to achieve their target dose. Numerous published studies have demonstrated a statistically significant improvement in patient therapy adherence when the number of pills per dose is reduced.

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MH education program to be implemented in schools nationwide

The American Psychiatric Foundation recently awarded more than \$27,500 to 15 community organizations, school districts, and high schools to implement its *Typical or Troubled?*[™] School Mental Health Education program during the 2011-2012 school year in Washington, D.C., Puerto Rico and 12 states. The program's in-service training equips and encourages teachers, coaches and other school personnel, who work closely with teens to notice the warning signs of mental health problems, intervene properly and refer the kids for counseling. The program has been implemented nationwide in schools, school districts, and cities across the country since 2004 with an increase in awareness of adolescent mental health. For more information, visit www.psychfoundation.org.

STATE NEWS

Alabama survey finds mental health concerns waning after oil spill

Mental health concerns may be diminishing among some coastal Alabama residents affected by the Gulf oil spill, according to a new survey published in the second Public Health Emergency Response household-based survey in coastal areas of Mobile and Baldwin counties. The survey found that there was a decrease in mental health

Coming up...

The 63rd **Institute on Psychiatric Services (IPS)** meeting, "Comprehensive and Coordinated Care: Bringing It All Back Home," will be held **October 27-30** in **San Francisco, Calif.** Visit www.psych.org/ips for more information.

The 24th Annual U.S. Psychiatric and Mental Health Congress Conference and Exhibition, sponsored by **CME LLC**, will be held **November 7-10** in **Las Vegas, Nev.** For more information, visit www.cmellc.com/psychcongress/index.html.

The **Interdisciplinary Council on Developmental and Learning Disorders (ICDL)** will hold its 15th Annual Conference, "The DIR/Floortime Approach: Bridging Developmental Disabilities, Learning Differences, and Mental Health," **November 11-13** in **Rockville, Md.** Visit www.icdl.com/conferences/AnnualConference for more information.

symptoms overall, though mental health symptoms remain greater than state or national estimates, especially in those reporting decreased income following the oil spill. Research from previous oil spill and man-made disasters suggests that effects of such disasters persist long after the actual event.

California governor signs autism therapy bill

Gov. Jerry Brown has signed Senate Bill 946, requiring health plans and insurers to provide behavioral therapy as a medical benefit for patients with autism, the *Sacramento Business Journal* reported last week. While the bill provides relief for families of autistic children and clarity for health plans, insurers and providers, there are questions about the effectiveness, cost and duration of the treatment that must be sorted out, Brown said in his signing message.

Visit our website:
www.mentalhealthweeklynews.com

The federal government will establish a list of essential benefits under federal health care reform. The therapy is controversial because it is time-intensive and expensive. The California Association of Health Plans said the bill sets a precedent for covering non-medical services.

OBITUARY

Frank Kameny, Ph.D., a leading figure in the national gay rights movement for more than 40 years, has died at the age of 86. Kameny was instrumental in the efforts to remove homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. According to the Rainbow History Project, Kameny "revolutionized the homosexual movement, moving it from assimilation and apologies for homosexuality to assertion of the normality of homosexuality and an uncompromising campaign for gay civil rights." In 2006, Kameny and the late Barbara Gittings were the recipients of American Psychiatric Association's first John Fryer Award honoring individuals whose work has contributed to improvement of the mental health of sexual minority communities.

In case you haven't heard...

Smoking rates are significantly higher for people with mental illnesses than for the general population, according to a new report from Legacy, a national nonprofit foundation. The report, "A Hidden Epidemic: Tobacco Use and Mental Illness," found that 60 percent of people with lifetime depression are either current or former smokers. "People with mental illnesses are just as motivated to quit as the general population and they should be given that chance to do so," said Cheryl G. Heaton, Dr.PH, president and CEO of Legacy. Training programs and support networks for mental health patients need to be more formally established within the clinical setting, according to the report.